

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
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23		3				
24	/					
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49						
50						
TOTAL IND.	11					
TOTAL DEP.	24					
TOTAL CLAIMS	28					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						